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CONFIRMATION NO. 6678

SERIAL NUMBER 10/529,522	FILING OR 371(c) DATE 02/13/2006 RULE	CLASS 424	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. BII-002.01
APPLICANTS Alfred Sandrock, Newton, MA;				
** CONTINUING DATA ***** This application is a 371 of PCT/US03/30532 09/26/2003 which claims benefit of 60/414,307 09/27/2002				
** FOREIGN APPLICATIONS *****				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 74
				INDEPENDENT CLAIMS 8
ADDRESS 58154				
TITLE Therapies for chronic inflammatory demyelinating polyneuropathy using interferon-ss				
FILING FEE RECEIVED 5040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	